

NOTIFICATION OF INTENT TO TREAT UNDER THE MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY GENERAL RULE 97 CERTIFICATION OF APPROVAL
AUTHORIZING MOSQUITO CONTROL IN SURFACE WATERS

Instructions: Complete (please print), sign, and return this notification to the Michigan Department of Environmental Quality, Water Bureau, Attention Rosalie Mascho, via one of the following: mail: P.O. Box 30273, Lansing, Michigan 48909-7773; fax: 517-373-9958; or e-mail: Maschor@michigan.gov.

Section I. Applicant Type

Applicant Type (check all that apply):

- ☐ A person or entity who owns the property to be treated or who is the bottomland owner of the surface water body.
- ☐ A lake board established under Part 309, Inland Lake Improvements, of Act 451.
- ☐ A state or local government acting under authority of state law.
- ☐ A person who has written authorization to act on behalf of the entity checked above.

Section II. Mailing and Contact Information

Provide the name, address, telephone number, and e-mail address of the person who will sign this notification (See Section IV).

Name:

Title (If applicable):

Organization (if applicable):

Address:

City:

State:

Zip Code:

Email:

Phone: () () – ()

Fax: () () – ()

Section III: Water body Type, Location, and Chemical Information

Complete Attachment A. Identify water body(ies) to be treated, location(s), and pesticide information.

Section IV: Certification

I certify that the information provided in this notification is complete, correct, and that the application of pesticides for mosquito control will comply with the provisions outlined in the GENERAL RULE 97 CERTIFICATION OF APPROVAL AUTHORIZING MOSQUITO CONTROL IN SURFACE WATERS.

Signature _____ Date _____

Upon acknowledgement that a Notification of Intent has been received, the applicant is authorized to commence pesticide treatment in compliance with Certification R97-07/001. Acknowledgement of receipt of the Notification of Intent can be determined at www.michigan.gov/deg utilizing the Michigan Department of Environmental Quality Site Map or by contacting Ms. Rosalie Mascho at 517-335-1180 or by e-mail at Maschor@michigan.gov.

Attachment A. Water body Type, Location, and Chemical Application Information

Please identify, **by geographic section**, all water body types to be treated and the pesticides to be applied to those water bodies. Where treatment occurs to a lake or other named water body, identify the water body by name and identify the pesticide(s) to be applied. Attach additional pages as necessary.

County	Township Name	Section	Water body Type - check all that apply							Water body Name	Pesticides - check all that apply				
			Lake	Retention Basin	Roadside Ditch	Wetlands	Pond	Agricultural Drain	Temp. Flooded Areas		Bti	B. sphaericus	Methoprene	Surface Films	Oils
Ingham	Lansing	10		x		x				x					x
	"	12	x								Ada Lake	x			
	"	12	x								Marshall Lake	x			
	"	22					x				Orion Pond	x			
		32			x	x		x	x			x	x	x	x
	Lyons	3		x		x			x			x			x
	"	36			x	x		x	x						
Begin below:															

Attachment A. (cont.) Water body Type, Location, and Chemical Application Information, cont.

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